

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029261

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 247 Primary Registration District No. 3045 Registrar's No. 86

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 30 1963

a. COUNTY MISSISSIPPI

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN CHARLESTONLength of stay in lb  
ALL LIFEc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 105 SOUTH STREETInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)  
a. STATE MISSOURI, COUNTY MISSISSIPPIc. CITY  
OR TOWN CHARLESTONInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
105 SOUTH STREETReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
PAUL CRAWFORD GRAHAM, JR.4. DATE  
OF DEATHMonth Day Year  
7-22-1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-29-50

9. AGE (last birthday)

12

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Schoolboy

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Cairo, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Paul Crawford Graham Sr.

13b. MOTHER'S MAIDEN NAME

Imogene Mildred Eaton

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Address 105 South St.  
Paul C. Graham, Sr. Charleston, Mo.18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia left lung

INTERVAL BETWEEN  
ONSET AND DEATH

10 days

Conditions, if any,  
which gave rise to  
above cause (e),  
stating the under-  
lying cause last.

DUE TO (b)

Medulloblastoma

4 1/2 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at

1958

to July 22, 1963 and last saw her alive on July 20, 1963  
4:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. Davis, M.D.

22b. ADDRESS

Charleston, Mo.

22c. DATE SIGNED

7-23-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Buried

23b. DATE

7-24-63

23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F. Cemetery

23d. LOCATION (City, town, or county)

Charleston, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

THE NUNNELEE FUNERAL CHAPEL, Charleston, Mo.

25. DATE RECD. BY LOCAL REG

7-24-63

26. REGISTRAR'S SIGNATURE

Dorothy B. Hawthorn

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*John F. Munnell Jr.*

Licensed Embalmer No. \_\_\_\_\_

3857

P. O. Address \_\_\_\_\_

Charleston, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN HANDWRITING**.

If this body is not embalmed, fact should be so stated above.